## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10764567

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN		
_		<del></del>	(Column 1) (Col			mn 2)	TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			6			•	RATE	FEE	7	RATE	FEE -	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20= *				X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			) minus 3 = *				X43=	<del></del>	OR	X86=		
MULTIPLE DEPENDENT CLAIM P			RESENT				+145=		OR	÷290=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2			olumn 2	TOTAL		OR	TOTAL	סכר	
CLAIMS AS AMENDED - PART II								<del></del>		OTHER	THAN	
		(Column 1)		(Column 2)			SMALI	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	XS 9=		OR	X\$18=		
	Independent	* ENTATION OF ME	Minus	***	21.0104		X43=		OR	X86=		
	FIRST PRESE	INTATION OF IM	DETIPLE DEF	PENDENT	LAIM		+145=		OR	+290=		
							TOTA		1,_1	TOTAL		
		(0.1 1)		<b>(0.1</b>	۵١	(0.)	ADDIT. FE	<u> </u>	]	ADDIT. FEE	<del></del>	
		(Column 1)  CLAIMS	1	(Column		(Column 3)		1	1 1			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	LAIM		+145=		OR	+290=		
							TOTAL			TOTAL	•	
	•	_					ADDIT. FEE	<b></b>	1011	ADDIT. FEE		
		(Column 1) CLAIMS		(Column		(Column 3)			_			
S L		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total		Minus	** ,		=	X\$ 9=	FEE		X\$18=	FEE	
	Indep ndent	*	Minus	***		=			OR			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X43=		OR	X86=		
							+145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		her Previously Paid					ound in the ar	oronriate hos	in coli	ımn 1		